ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _198_

Registered No. _155_

1. PLACE OF BIRTH

County _Graham_   State _Ariz_

District or Township _Safford_   or Village _____

City _Safford_   No. _____ St., _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____   { If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Male_	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? _yes_	7. Date of birth _6-30-29_
		5. No., in order of birth _3_		Month Day Year

8. FATHER	14. MOTHER
Full name _Alfonso Ruiz_	Full maiden name _Guadalupe Montya_
9. Residence (Usual place of abode) _Safford_ If non-resident, give place and state.	15. Residence (Usual place of abode) _Safford_ If non-resident, give place and state.
10. Color or race _Mex_ 11. Age at last birthday _23_ (Years)	16. Color or race _Mex_ 17. Age at last birthday _24_ (Years)
12. Birthplace (city or place) _Ariz_ (State or country)	18. Birthplace (city or state) _Ariz_ (State or country)
13. Occupation Nature of industry _Laborer_	19. Occupation Nature of industry _Housewife_

20. Number of children of this mother _3_ (Taken as of time of birth of child herein certified and including this child). _3_	(a) Born alive and now living _3_ (b) Born alive but now dead _0_ (c) Stillborn _0_	21. Were precautions taken against ophthalmia neonatorum. _no_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _alive_ at _3,20 P_ m. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____

Month, day, year

Signature _Alfonso Ruiz_ Reported by father (Physician or Midwife).

Address _Safford, A._

Filed _July 8_, 1929 _J. N. Stratton_, Registrar.

_077-628-711_

H.B.G.